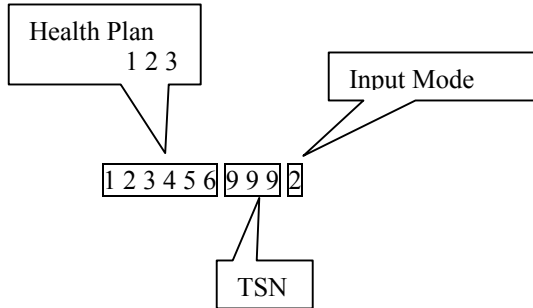


## Required Health Plan ID(s) in the 837 Encounters

|                               |      |  |
|-------------------------------|------|--|
| Health Plan ID                | 9(6) |  |
| Transmission Submitter Number | 9(3) |  |
| Input Mode                    | 9(1) |  |

“2” Adjudicated Encounter  
“6” Denied Encounter



Required as the Submitter  
1000A Submitter Name  
NM109 – Submitter Primary Identification Number

There will be one 2320 Other Subscriber Information Loop that represents the Health Plan  
2330B Other Payer Name  
NM109 – Other Payer Primary Identifier

There will be one 2430 Line Adjudication Loop that details the Health Plan Payment/Denial  
2430 Line Adjudication  
SVD01 – Payer Identifier